	and the first of the second
1. County of Lila	
1. County of Bula	ARIZONA STATE BOARD OF HEALTH
District of	
Town of Miami	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE State Index No. 146
	VIIIMINAL CENTIFICATE OF BIDTU
or mia	
City of	No
()	(If birth occurred in a hospital or institution, give its NAME instead of street and num
and hame of cold	If child is not yet named, n
3. Sex of Child To be answered ONLY	8. Legitimate?
A / III event of plural	12 These
•	5. No., in order of birth 1985 of birth Dept, 11. 197
FATHER FATHER	
- Kearl	Berham Full maiden name Chel Pyke
9. Residence	
(Usual place of abode) Mann	i, angong 15. Residence (Usual place of abode) Miami, ango
If nonresident, give place and state	If nepresident
10. Color or race	If nonresident, give place and state
white !	16. Color or race
11. Age at last bir	rthday 24 (Years) White 17. Age at last birthday 24 (Year
2. Birthplace (city or place)	
(State or country) Jexa	18. Birthplace (city or place) Central
	(State or country) Her Mexico
13. Occupation accountar	<u> </u>
Nature of industry Copper n	uning Nature of industry Housewife
Namber of Alli	uning Nature of industry
Number of children of this mother (a)	Born alive and now living 21. Were precautions taken against sph-
	Stillborn a Yus
tereby certify that I attended the birth of this	OF ATTENDING PHYSICIAN OR MIDWIFE*
AWYL AR	E OF ATTENDING PHYSICIAN OR MIDWIFE* s child, who was alive or stillborn:) (Born alive or stillborn:)
biwife then the fast	Name of the state
UNC INAL Deither breath	
	Address mani (ani (Physician or midwife)
applemental report	Filed John 30, 19.24 Commen
Month, day, year,	
Registrar.	Filed 10- Ce 1924 B. S. Local Registrar.
	174 - 917 - 576 County Registrar.